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An Independent Review Organization

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Notice of Independent Review Decision

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Case Number:

Date of Notice: 09/25/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Internal Medicine

Description of the service or services in dispute:

Chronic Pain Management Program for Eighty (80) hours

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient's date of injury is xx/xx/xx. The patient was moving around large pipes when he was struck by a pipe. The patient reported an injury to the right hand. The patient sustained a right fifth metacarpal fracture. Treatment to date includes physical therapy, massage, warm/cold compresses, 4 steroid injections, 2 surgeries to the right hand and medication management. Behavioral evaluation dated 07/13/15 indicates that BDI is 17 and BAI is 30. PAIRS score is 65. GAF is 65. Diagnoses are major depression-moderate, and pain disorder associated with both psychological factors and a general medical condition. Work capacity evaluation dated 07/13/15 indicates that current PDL is sedentary-light and required PDL is heavy. Preauthorization request dated 07/15/15 indicates that current medications are Ultracet, Celebrex and Elavil.

Initial request for chronic pain management program was non-certified on 07/16/15 noting that the patient and has had work hardening with little improvement. The injury is and the request does not meet criteria. Request for reconsideration dated 07/22/15 indicates that the patient requires the medical service that are only available in a CPMP in order to address the psychological component of his injury, achieve clinical MMI, return to gainful employment and to achieve case resolution. The denial was upheld on appeal dated 08/21/15 noting that the claimant was certified for 160 hours of work hardening in early 2015. Considering the certification of the prior program, the evidence does not support a similar program such as the requested chronic pain management program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries to the right hand on xx/xx/xx. The Official Disability Guidelines do not generally recommend chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. Additionally, the patient has completed 160 hours of a work hardening program. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. As such, it is the opinion of the reviewer that the request for chronic pain management program for eighty (80) hours is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)